

Community based interventions in the urban setting

UNICEF / 20 May 2015

Dr. Nancy Baron

drnancybaron@pstic-egypt.org

Today's Goals

- Introduce you to a community intervention facilitated *by the community for the community in the community*.
- Brief overview of how these community based interventions can be used to manage issues of child protection

Psycho-Social Services and Training Institute in Cairo



The history of PSTIC...

- 2009 Founded
- Prior to PSTIC / Refugee workers only worked as interpreters.
- **Partnerships** with Communities and NGOs
- Goal / **Integration** of psychosocial support into all services.
- **Compliance** with IASC Guidelines on MHPSS in Emergency Settings.
- **Affiliated** to Terre des Hommes and American University in Cairo (AUC) Center for Migration and Refugee Studies (CMRS)
- **Implementing partner** UNHCR since 2011

Program philosophy

- Skilled well trained community workers can effectively assist their communities psychosocial and mental health problems *in their own language and in accordance with their own culture and traditions.*
- Families and communities can be empowered to accept their responsibilities and assist themselves.

PSTIC Team today... 85 +

PAID refugee workers from Eritrean / Ethiopian/ Iraqi/
Somali/ Sudan/ South Sudan/ Syrian....

Psychosocial Team	57
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Housing Advocates	6
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Health Advocates	12
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Information Advocates	5
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Psychiatrists – Egyptian	5
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Sport-Theater-Art -	3 + volunteers
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What issues do PSTIC workers assist?

Most anything.... And anyone... At any time...

Children / Adolescents / Men / Women / Families / Elderly...

INACCURATE INFORMATION

LACK OF BASIC NEEDS

- Newly arrived
- Poor of the poor, hungry, inadequate housing
- Security problems in community / traffickers / governments
- Sick and in need of accessing health care

PSYCHOSOCIAL ISSUES

- People without hope! Little opportunity.
- Child protection
- Women: SGBV / Single mothers without support
- Survivors of violence: In home country/ in Egypt
- Survivors of trafficking
- Community conflicts / Neighborhood crime
- People with disabilities
- Troublemakers!! Perpetrators..

MENTAL HEALTH ISSUES

- Severe mental illness
- Despair leading to isolation / lack of motivation / suicide threat / substance abuse

And the list goes on.....and on....

PSTIC ACTIVITIES...

Begins with...

Network of community based refugee psychosocial workers (PSW)

PSTIC **trains, supervises, supports and facilitates** a network of refugees to provide community based psychosocial and mental health support.

PSW **integrated** into existing refugee support services in community locations ie: Community associations / Refugee schools and NGOs.

Selection of Psychosocial Workers

- Open call within community organizations
- Community Leaders asked to send CV
- Existing workers recommendations
- Interviews and selection by existing workers
- Prerequisites for selection include:
commitment / availability / empathy /
experience in helping / strength of personality
/ motivation / language

Psychosocial Worker Training - Support

Before work: 5 weeks classroom and field learning
(200 hours)

Early work: *Buddy* for support
Special days – weekend workshops

During work: Daily call from Team Leader / Support as needed

- Weekly team meeting including psychiatrist
- Weekly class
- Individual supervision (2 x a month by Team Leader)
- Individual supervision (1x a month by Psychiatrist)

Certificates with American University in Cairo

Level 1: 350 hours - 1st year / Level 2 - 2nd year

Strong team – family spirit and believe in what they do to help.

United we are a rock,
divided we are sand.



PSTIC pyramid of intervention...

In accordance with the Inter Agency Standing Committee (IASC) Guidelines for Mental Health and Psychosocial Support (MHPSS) in Emergency Settings...

PSTIC IASC MHPSS Intervention Pyramid

Layer 4: Specialised Services

- EMERGENCY 24-7 RESPONSE
- MH assessment – referral at clinic and at home
- Outpatient treatment – counseling - case management
- Inpatient referral – discharge planning and follow-up
- Professional training
- MH Awareness raising

Layer 3: Focused Non-Specialised Supports (person-to-person)

- EMERGENCY 24-7 RESPONSE
- Case management
- Psychological First Aid in immediate urgent situations
- Home-Community based psychosocial support by trained PSW
- Individual / family / group counseling

Layer 2: Community and family supports

- EMERGENCY 24-7 RESPONSE
- Community based PSW
- Community awareness raising
- Community mobilization
- Facilitate community crisis response
- Public awareness about refugee issues / Theater Company
- Sport-Art-Theater activities refugee – national children

Layer 1: Social considerations in basic services and security

- EMERGENCY 24-7 RESPONSE
- Share information / Community Based Information Advocates
- Protective Housing initiative
- Health Advocacy
- Advocacy to UNHCR / NGOs for basics food/money/education
- Livelihood project for women at home
- Assistance to access livelihoods

PSTIC assistance in 2014

<u>Psychosocial support:</u>	3806 Cases with 12590 Beneficiaries
<u>Mental Health care:</u>	194 Inpatient / 764 Outpatient
<u>Housing support:</u>	1141 cases
<u>Health Advocacy:</u>	602 cases
<u>Craft-Livelihood activities:</u>	350 women
<u>Art – Sport - Games Open Days:</u>	1000s of children
<u>Theater audiences:</u>	1000s of adults and children

Benefits of Community PSW

- Worker motivation-commitment-determination to help their communities
- Worker willingness to make 24-7 emergency response
- Worker safety in 24-7 response due to living in communities
- Trust by families / Ease of working due to receiving assistance in their own language in accordance with culture and traditions
- Ability to mobilize communities
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Child protection

Training: Child development / Protection issues / Ethics / Safety / Parenting skills and responsibilities / etc

Philosophy: Parents – Families - Communities are responsible for their children and can be empowered to offer adequate protection

Activities: Home based:

- Awareness – Psycho education
- Role modeling
- Accompanying
- Encouraging
- Problem solving
- Counseling
- Protecting
- Follow up
- Engaging other family or community members

Case example

10 year old girl sexually abused in urban neighborhood. Family goes to police. Abuser and his family threaten family. Police not available to protect. At midnight, Landlord tells family to get out.

Interventions provided via PSTIC:

Immediate response / Case management

Information	Family informed about services available to help
Protection	Temporary move to community or PSTIC safe house
Health	Immediate SGBV referral – accompany to treatment
PSS	For girl and family
Community	Awareness (when appropriate) to support family
Housing	Permanent move to new location in Cairo
Mental health	Referral to professional support if needed.

Case example

Fire in apartment. Neighbors find 3 children 2-10 years old home alone. One child dies. Other children injured. Learn children locked in house alone all day. Not in school. One meal a day. Single mother works as maid 12 hours a day.

Immediate emergency response

- Case management **Facilitate mother to care for her children.**
- Health advocacy With mother ensure children get medical care needed / emotional support
- PSS Support mother for loss / ensure she follows children's medical care
- Community Mobilization / Advocacy to assist mother in burial and support in hospital

Ongoing

- Information Inform mother about services available to help
- Protection-PSS Awareness to mother about risks to children
Encourage mother to use appropriate parenting skills
Problem solve to create safe environment
Continual follow up to ensure mother is providing protection
Emotional support to children
- Community Mobilization for ongoing support
- Education Referral for school placement and school grants
- Recreation Referral to available child friendly spaces / community centers
- Livelihood Referral
- Follow-up

Challenges

- Convincing the *system* to trust and work as partners and pay community workers –
(Accomplished through time by examples of their work.)
- Maintaining team energy / motivation / support
- Turnover of workers
- Time commitment of continual training
- Ensuring enough supervision
- Safety – protection of workers

Greatest challenge in child protection –

What to do when parents-community ARE the problem or a danger to the child and there is no *government or legal backbone* to assist.

**“Never doubt that a small group of thoughtful
committed citizens can change the world.
Indeed, it is the only thing that ever has.”
(Margaret Mead)**

PSTIC on CNN Inside Africa

[http://www.cnn.com/
2010/WORLD/africa/11
/25egypt.refugee.theater](http://www.cnn.com/2010/WORLD/africa/11/25egypt.refugee.theater)

